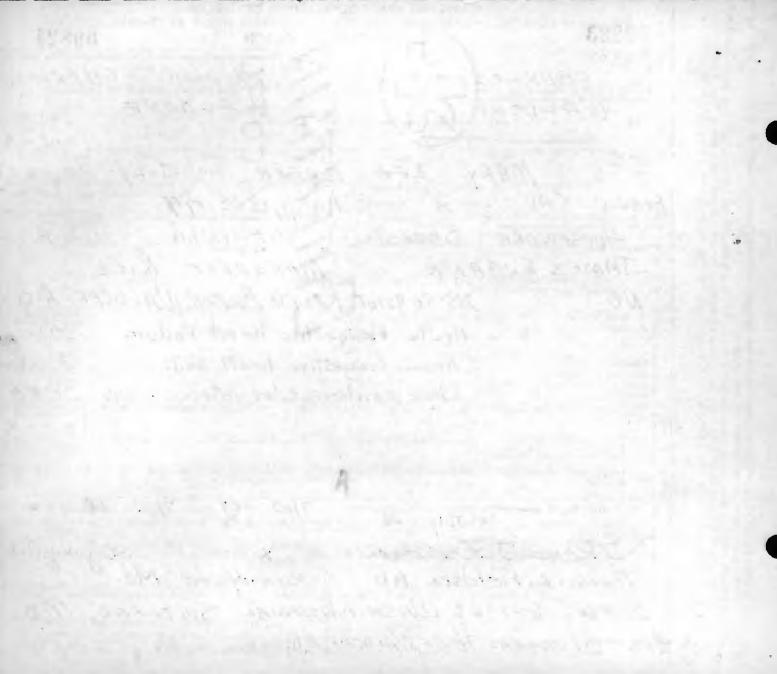
13		MARYLAND STATE DEI	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
4 72		U9823 CERTIFICAT	E OF DEATH	09821
hours after death.  d in by the funeral is. Pages 1 and 2 i hours after death.	1.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institu	
In the second second		CHARLES MARYLAND	a. STATE MARYLAND b. CDUNTY	CHARLES
s af		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town),	c. CITY OR TOWN (if outside corporate limits, write	
hour in Is. I hou	-	d. NAME DE HDSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENC
d within 24 hours afte mpletely filled in by the carbon papers. Pages ent, within 72 hours afte		, and a second second		DN A FARM?
executed within n and completely t remove carbon p in any event, within	3.	NAME OF OECEASED A First Middle	BABER 4. DATE Month OF JULY	Day Year
sician and comple ease remove car and in any event,	5.	(Type or print)  SEX   6. COLDR DR RACE   7. MARRIED   NEVER MARRIED   1		30, 1966 UNDER 1 YEAR JIF UNDER 24 HR
ny e	F	CAU WIDDWED DIVORCED	Auc a 1000 last birthday) Mo	onths Days Hours Min
physician al in please re wal, and in a	102	USUAL DCCUPATION (Give kind of work done   10b, KIND OF BUSINESS DR	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN DF WHAT COUNTRY?
and	dui	Ing most of working life, even if retired)  HOUSEWORK DOMESTIC	VIRGINIA	U.S.A.
val,	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
removal,	15	JAMES EUBANR	MARGARET KIC	C-6 ·
	(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. s, no, or unhawn) (If yes give war or dates of service)	Address Address	nor An
5.5	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	KALYH DABEK, WALL	INTERVAL BETWEEN
ourial, cremation, or		PART I. DEATH WAS CAUSED BY:	ation He not Enclose	ONSET AND DEATH
or to burial, co	П	4331 DUE TD	ESTIVE TERT PHOTE	30 110.
	П	Conditions, If any, which ) (hyowic Contract	ostive heart Sailoye	3 WK
		gave rise to immediate cause (a), stating the DUE TD	4 1 . 4 . 1 .	Vanne
	20	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	OVAS CULAT AN LEYPOSCLEYOS	RT 1(a)   119. WAS AUTOPSY
0	FICATION	THE RESIDENCE OF THE PARTY OF T	THE TENTHAL STOPPE CONTENTS OF THE THE TANK	PERFORMED?  YES ND N
0	TIF	208. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY DCCU	URRED. (Enter nature of injury in Part I or Part II of it	
	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	facto	CE OF INJURY (Home, farm, 20f. (City or town) ary, street, office bldg., etc.)	(County) (State)
	MEC	p.m. 19 While Not While at work		
		21. I certify that (I) (this hospital) attended the deceased from	7/13, 1964, to 7/30	19 (4) (1) (40) la
		saw the deceased alive on SOJULY 19 66, and that	t death occurred at 1/1 3 AM, from the causes and	d on the date stated abov 2b. Date signed
		Thomas Fieldson M.D	ATTENDING MED. STAFF	30 July 966
1		22c. PHYSICIAN'S	22d. ADDRESS	00
I		MOMAS LIFICIASON M.D.	BYANGYWINE, Ma	•
	23a	REMOVAL (Specify)	Y DR GREMATORY 23d. LDCATION (City, town	or county) (State)
	24	SURIBL 8-1-66 WHSH. N. FUNERAL DIRECTOR 1/ ADDRESS	25a. REC'D BY REGISTRAR   25b. REGIS	STRAR'S SIGNATURE
-	#	UNTT FUNERAL HOME, WALDOR	F, MD DATE AUG 4 1966 80	harley Judge
11 7				



10	1	Division of STATISTICAL	MARYLAND STATE DE RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH  W. PRESTON STREET, BAL	TIMORE, MARYLA	ND 21201		
FOR STATE				CERTIFICATE OF DEATH			09822	
HEALTH DEPT	î.	PLACE OF DEATH Charles County	MARYLAND	2. USUAL RESIDENCE (Where deco	b. COUNTY			
f any delay is 1, 2, and 3 farm PM3. Page Department of its after death.	1	b. CITY OR TOWN (If outside carparate limits, write RURAL and give necrest town) aldori Md	3-Yrs	c. CITY OR TOWN (If autside corpo Waldorf→Md	orate limits, write RURAL	ond give neore	1	
E 44	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO	
dea /e Po with with		(Type or print)	.Brown Middle	Lost 4. DATI OF DEAT	7-31-66		19	
urs after 18. Giv ce alang 12 with nt withi		Male W-US wid	RRIED NEVER MARRIED OWED DIVORCED	7 PM OF 1925	41 ost birthday)	IF UNDER 1 YEAR Months Days	Hours Min.	
1 24 haurs I in Hem 18 er's Office of ges Jand 2 v	dyr	n. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) USTOCIAN	10b. KIND OF BUSINESS OR INDUSTRY THEATEE	Reform-Virgi	nia.	12. CITIZEN C	SA.	
within 24 pencil in xaminer's pages		Fairers Name Earnest Brown		Addie V. McI		- Andrew Pro-		
scuted v ing: in edical Ex	15. (Y4	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknown) (If yes give wor ar dates af service IN O	16. SOCIAL SECURITY NO. 12. W	ife-Mrs Mildr	eed Brown	Waldo		
INER: This certificate shauld be executed within the certificate, writing the ward "pending" in pencil shauld be farwarded to the Chief Medical Examine files.  3 shauld be used as a burial-transit pertire for page out, prior to burial, crematian, or remarked and in a		4201 DUE TO	oronary Occlus Generalised Art		S	Inf	Mediate Mediate definite	
s certifica e, writing farwardec used as u burial, c	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G	VEN IN PART I(a)	19	PERFORMED? YES NO X	
MINER: This the certificate, a should be found be to 3 should be to gent, prior to 1	L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED,	(Enter nature of injury in Part I or F	art II of item 18.)			
	MEDICAL		While Not White of fact	CE OF INJURY (Home, form, lory, street, office bldg., etc.)		(County)	(Stote)	
# \$ d & t		21. I certify that I took charge of the		chief MEDICAL EXAMINER			d in my opinion  22. DATE SIGNED	
TO DEPUTY MEA necessary, please ex the funeral director. 5 may be retained TO FUNERAL OIRECTOR Health ar its design		SIGNATURE  EXAMINER <sup>3</sup> NAME (Type) ames E. Andrew		M.D. ASSISTANT MEDICAL EXAMIN DEPUTY MEDICAL EXAMIN Address (Street, city, tow	ER K	7-31-		
TO D nece the S m TO FU	230	BURIAL CREMATION, 23b. DATE THEREOF SHOWN (Specify) 8-3-6	6 ROSE DA	CREMATORY 23d.  7 4 6 2So. REC'D BY REGI	LOCATION (City or Town  RTINSBU  STRAR 28b. REGI	(Count IRG (A STRAR'S AIGNATE	V. VA.	
VR A15ME (5) 6M 1/66	4	FUNTT FUNERALT	Home, WALDON	CF, MD, DATE AUG	4 1966 /	Charles	Judge	

20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Laylord Maring on annulaving god Mills - Ellingtonia austra - 10 yest, 25 reasovolu Side week STORE AND THE aller a train 273-10-0649 Replaced Burrotelle-Confe. E., and. Dariet 7/27/1960 Platet Cametary sepolls , new Land

Arenor Minnest Money Inc. - Is Place, Ed. - AUG

	09826	, ME	DICAL EXAMINER	'S CERTIFICA	TE OF DEATH	0.9	824	
1.		s Cuonty N	ts.   c. LENGTH OF STAY IN 16	Washingt	ICE (Where decessed lived, If b. COU)  LON D.C. 1006  (If outside corporate limits, write	Consti	tuti	on A
		SPITAL OR INSTITUTION (	if not in hospital, giva straet addrass)	d. STREET ADDRESS			ON	A FARM?
	(Type or print)	Willie Lee		Last	4. DATE OF 7-24	<b>-</b> 66	Yes 19	
F	emale	Negro	WIDOWED DIVORCED 2	7-9-1900	lest birthday) 66 yrs.	Months Days	Hours	R 24 HRS. Min.
do	na during most of Housewi		d) 106. KIND OF BUSINESS OR INDUS	South Car	colina	US A	OF WHAT	COUNTRY
Q	uincy H	ipp		14. MOTHER'S MAIDEN				
15 (Y	WAS DECEASED as, no or unkown) NO	EVER IN U.S. ARMED FOR (Ifyesgive war or detas of s	CES? 16. SOCIAL SECURITY NO. 17.	Francis Bow Washingt	vers-55-Bryan	ht St		
	1	F DEATH [Enter only one ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cause per line for (a), (b), and (c).] Injuries Mult			NI OI	TERVAL BE	DEATH
	Conditions, if a	DUE TO	Auto Accido	nt				
	gave rise to imm (a), stating the cause lest.	adiate causa		V.F.				
ATION	PART II. OTI		TIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIV			AUTOPSY ORMED?
CERTIFICATION	20a. EXTERNAL PRIMARY OF CAUSE OF DEAT	CONTRIBUTING   A	bb. DESCRIBE HOW INJURY OCCURED. Uto accident -c	(Enter nature of injury in Pa ar in Which		ding wa	s st	rck
MEDICAL	20c. TIME OF IN		er   2Dd. INJURY OCCURRED   200. P	LACE OF INJURY (Home, far actory, street, office bldg., etc ILV Ct. Y	m, 20f. (City or town) Hughesvill	e Md		(State)
~		that I took charge of	of the remains described above,	Amend	Inspection X, Inqui	- 1-61	in my o	pinion
	ACTUAL	65	56.7	CHIEF MEDICAL	_	land.	DATE SIG	GNED
	EXAMINER'S NAME (Upo)	James E.	Andrews MD	DEPUTY MEDICA	AL EXAMINER A	7-	25-6	6
22	REMOVAL (Spec		66 Church	Come tory	YEW be)-	or country)	C, (Sto	ile)
4	. FUNERAL, DIREC		- T		C'D ME REGISTRAR I 246. REA			$\overline{}$



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Maryland Charles Charles MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write BURAL end give nearest town)
WELCOME c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b may Welcome e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? any delay 2, and 3 to PM3. Page State hours Fire Tower Road Fire Tower Road A YES NO 1 DATE NAME OF Month Day the DECEASED DEATH (Type or print) and 2 with event within. AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS SEX COLOR OR RACE DATE OF BIRTH EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form NEVER MARRIED last birthdey) Months I Davs Hours 18,1887 June WIDOWED . DIVORCEO YTS. 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) U.S.A. Farming Maryland Farmer Retired Bryantown any pages in any 13. FATHER'S NAME MOTHER'S MAIOEN NAME Sarah Franklin Julian S. Gibbons File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter (Yes, no. or unknwn) | (If yes give war or dates of service) permit. F Unkown Mrs. Mary Love-Morganza Marvland No 18. CAUSE OF DEATH [Enter only one cause per Hite Por (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation. DUE TO Conditions, if any, which (b) geve rise to immediate DUE TO cause (a), stating the used as a t underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO Z YES rior prior DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 shou MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc. Hour a.m. While Not While at work at work 21. I certify that Litook of large of the remains described above, held an Autopsy Inspection Inquiry and in my opinion FUNERAL DIRECTOR: Health or its design Undetermined manner Suicide Homicide Matural causes Accident death resulted from: CHIEF MEDICAL EXAMINER YOUR lease execute DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER EXAMINEJUS director. retained Address (Strellaity Powe tracunty) Md NAME (Tybe) (State) 23d. LOCATION (City, town or county) BURIAL CREMATION. REMOVAL (Specify) 50 Top 0 1966 St. Ignatius Cemetery Hill Maryland Burial 258. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 26 1966 VR ALSME (5) Funeral Home Inc .- La Plata Md. 1/65

TO SELECT THE PARTY OF THE PART T BEIGH 10/2/01/0 B Street Street Negra E, 1967 Tr The american produced posterior actions -thought in the heart in United to the same as the same of the same A LEE BESTER STATE and the second s personal relation of the personal relationst of the personal relationst the second secon

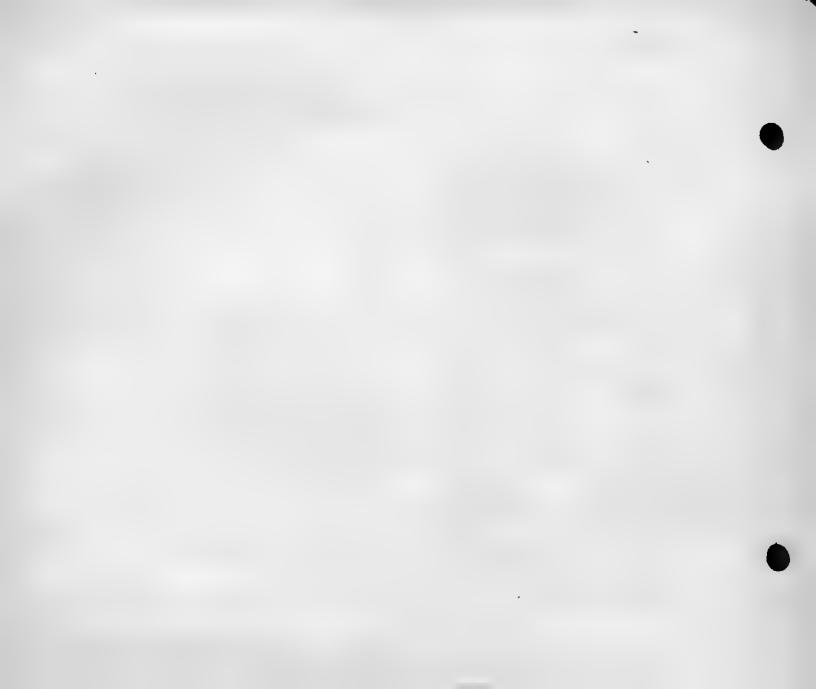
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00000 death. funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Charles Charles Maryland hours after Pages aff MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours Hughesville-Rural Hughesville -Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO completely executed within 3. NAME OF First Middle Last DATE Month Day Year DECEASED James (Type or print) Daily Havens DEATH July 19 5. SEX IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) | Months | Davs Hours Male апу Cau. WIDOWED I DIVORCED 1906 59 ysician a please re and in a 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Saw Mill U.S.A Boiler Firer Virginia removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ceftifica Larrie Park Sam Havens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no pr unkown) (If yes give war or dates of service) Havens, Hughesville, Md INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY the hospital or attending physician. IMMEDIATE CAUSE DUE TO Conditions. If any, which (b) gave rise to immediate The law requi DUE TO cause (a), stating the prior underlying cause last. ifter this certificate has be detached for use as State Dept, of Health prio CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FEMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO E 208. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 208, PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) Page 4 may be retained.

5 FUNERAL DIRECTOR: After the director, page 3 should be de director, page 10 should be de director. factory, street, office bldg., etc.) Hour a.m. While Not While TTENDING at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from A. from the dayses and on the date stated above. saw the deceased alive on and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. director, page should be filed STAFF M.D. ADDRESS 22c. PHYSICIAN'S NAME (Type) Mossman David Mechanicsville, Maryland BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 7-31-66 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) Newburn Ceretery Dublin FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. Huntt Funeral Home, Waldorf, Md. 1966 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) .. county Charles County b. COUNTY Charles MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Lifeti me White Plains White Plains d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) Ja mes Gardie July Marshall 1966 5. SEX 6. COLOR OR RACE 7. MARRIED KNEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Male Months Davs Negro March 1.1893 DIVORCED [ WIDOWED [ 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Charles County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Melvin Marshall Carrie Colbert 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Audrey Hagens Waldorf. Harvland 18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate interiosclerosio heart disco **DUE TO** cattse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. Hour o. m. Not while of work | of work p. m. 21. I certify that I attended the deceased from O/C 196-6 that I last saw the deceased , and that death occurred at 7 M. from the causes and on the date stated above. alive on C ADDRESS (Street, city or town, state) **DATE SIGNED** ä PHYSICIAN'S NAME (Type) St. Charles Clinic. Waldorf. Merkle. M.D. 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) poge REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/59





1	MARYLAND STATE DEPARTMENT  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PREST	
FOR STATE	09831 MEDICAL EXAMINER'S CERTIFIC	ATE OF DEATH 09829
HEALTH DERL	O. COUNTY  Charles  2 USUAL RE O. STATEM	aryland b COUNTY Charles
after death If way de ay is 8 Give Pages 1, 2, and 3 to along with form PM3 Page with the State Department of within 72 hours ofter death.	b (ITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 3b c CITY OR TO write RURAL and give nearest lown)	WN (If outside carparate I mits, write RURAL and give nearest town)
- N Q O	d NAME OF HOSP <sub>1</sub> TAL OR INSTITUTION ( f not in hospitol, give street oddress) d STREET AD	ural - Pisgah  ORESS  e IS RESIDENCE ON A FARM?
th If Iges h form	Physicians Memorial Hospital  3 NAME OF First Middle Lost	YES NO NO
dea ve Pa s with	3 NAME OF First Middle tost DECEASED (Type of print) RUSSELL THEODORE NIXON	of DEATH July 30 19 66
hours after death Iftern 18 Give Pages 1, Office along with form and 2 with the State Deevent within 72 hours	s sex 6 color or race 7 married Never married B b date of bir male negro widowed Divorced 3-2	
24 hours is Office s Tand 2	100 JSUAL OCCUPATION (Give kind of work done during most of working life, every retired)  10b KIND OF BUSINESS OR 11 BIRTHP. INDUSTRY	(C) (State or foreign country) 12 (ITIZEN OF WHAT COUNTRY 3
This certificate should be executed within 24 hours after death icate, writing the word "pending" in pencil in Item 18. Give Page be forwarded to the Chief Medical Examiner's Office along with the forwarded so burial-transit mermit the pages 1 and 2 with the State to burial, cremation, or removal and only event within 72 has	RUSSELL T. NIXON ShiR	MAIDEN NAME LEY ANN PROCTOR
cuted ng in direct Example Control Example Con	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes not or disking with) (If yes give wor or dotes of service)  **CONE Shiples**	PROETOR - PISCAL MD
ote should be exert the word "pendide to the Chief Me o buriol-transit emultiple or remained to the contraction, or remained to the contraction of	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) ) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Pneumonia	INVERVAL BETWEEN ONSET AND DEATH
te should be e the word "per of the Chief I o buriol-transit	f 7 3 X DUE TO	
ote sh g the 3d to 1 ; o bur cremo	rise to immediate couse (a), (b) Stating the underlying couse DUE TO	
certifico , writing orwarded used os buriol, c	lost.   (c)   PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	PEKFORMED?
	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH COLOR OF DEATH COLOR OF DEATH COLOR OF DEATH COLOR OF INJURY Month, Doy, Year Hour o.m.  200 INJURY OCCURRED COLOR OF INJURY (If More o.m.)  201 While Not While foctory, street, office	njury in Port I or Port II of Item 1B)
	CAUSE OF DEATH  CAUSE OF DEATH	
L EXA cecute Poge for yau	21. I certify that I taak charge of the remains described above, held an Autop	The second secon
lector. Pog oined for y likectors. Pog oined for y likectors. Pd		amicide, Undetermined manner - MEDICAL EXAMINER
pleo pleo of director retori its d	SIGNATURE Charles Letz M.D. ASSI	TANT MEDICAL EXAMINER 22. DATE SIGNED
necessary, please execute the funeral director. Page 45 may be retained for yaur of FUNERAL DIRECTOR: Page Health or its designated age	EAAMINEK 3	TY MEDICAL EXAMINER 7/31/66 ess (Street, city, town, or county)
TO DEPU necessa the fun 5 moy TO FUNE	230 BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY  SMOVA (Special) 8/1/496, 51. CAThering	CEMETERY McCanchie, MD
VR ATSME (S)	24. FUNERAL DIRECTOR ADDRESS ADDRESS	250 RECD BY REGISTRAR 250 REGISTRARS SIGNATURE  BATALLG 5 1968 Climber Judge

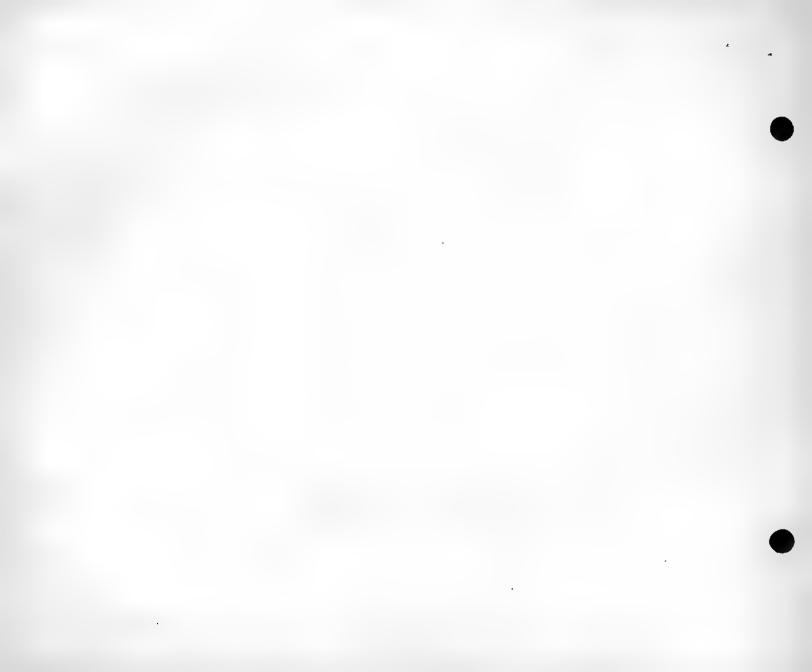


7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
***	19832 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
N <sub>pe</sub> .	PLACE OF DEATH  o. COUNTY  o. COUNTY  o. STATISTICYT OF COUNTY institution: Residence before admission)  o. STATISTICYT OF COUNTS in the county of the count
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest town)  Passing Through  Tashington
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  3309-B.St.S.E.
	NAME OF DECEASED Edith Pearl Patterson Lost 1. DATE OF DEATH 7-24-1966 Doy Year 19
	SEX SEN   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In year   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR   15 UNDER 17EAR   15 UNDER 24   3-4-1934   9. AGE (In year   15 UNDER 17EAR
	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if relired)  Beauty Parlor South Carolina USA
	Oscar Bowers  14. MOTHER'S MAIDEN NAME Willie Lee Hipp
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10 L BOWERS 55 AND SANDER YANT ST NW.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y: Injuries Multiple Extream Inmediat
	Conditions, if any, which) (b) Auto Scoident
١	gove rise to immediate cause (a), staling the underlying couse last.
0	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOP PERFORMED.  YES \( \text{YES} \) NO
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.)  Auto Accident
,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 10 f. County) While Not while of work of w
	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [] Inquiry [], and find death resulted from: Natural causes []. Accident [], Suicide [], Hamicide [], Undetermined cause [].
	PATE SIGNED
	SIGNATURE  M.D. CHIEF MEDICAL EXAMINER   7-25-66  ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EX
	NAME (TYPE)  O BILLIAD CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  22c, NAME OF CEMPTERY OR CREMATORY  PERMOVAL (Specify)  22d. LOCATION (City, town, of county)  (Stote)
	FUNERAL DIRECTOR'S SIGNATURE 1350 & ADDRESS 240. REC'D BY REGISTRAR 248. REGISTRAR'S SIGNATURE WIONTGOMES 4 1350 & 7/9/Kennedy Nonte 116 2 1856 Michael Quidae

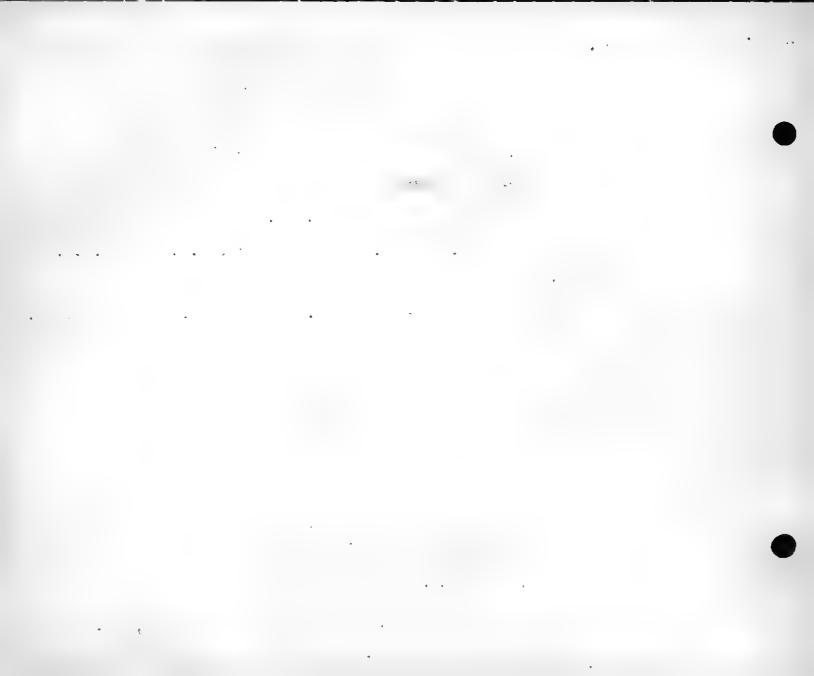


Division of STATISTICAL RESEARCH AND RECORDS, 301. W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09833 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o coutharles Mary Land delay is and 3 to M3, Page Charles MARYLAND Departmen b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c (ITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) pup P.M3 ofter ( d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS hours Office alang with farm ate Physicians Memorial Hosp. NO Z Item 18 Give Pages after death 3 NAME OF Midd e 4 DATE Mazie Rebecca Last Day 忘 7-30-1406 within 72 Pickeral DECEASED ΩE ihe 19 (Type or print) DEATH with 1 5. Female AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED DATE OF BRITH NEVER MARRIED Hest birthday) White Months HOURS **G3WOGIW** DIVORCED be executed within 24 haurs event 10b KIND OF BUSINESS OR 11 BiRTHPLACE (State or foreign country) 12. C TIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done INDUSTRY dicing most of working life, even if ret red) Charles County Md <u>TGOONLIRY?</u> any 14. MOTHER'S MAIDEN NAME pencil 13 FATHER'S NAME Francis Pickeral James Pickeral 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes 100 Or Linkhawa) (If yes give war or dates of service) .⊆ 16. SOCIAL SECURITY NO 17. INFORMANT pending" Mrs. Margie Eckard-Daughter Waldorf Md ar remayal. Medical Попе 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY mine diate Coronary Occlusion-Massive IMMEDIATE CAUSE (a) This certificate shauld crematian, DUE TO ndefinite Conditions, if only, which gave b) Generalised Arterio Sclerosis rise to immediate cause (a). DUE TO stoting the underlying cause Process ndefinite burial, a 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? KIK ON YES e 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) agent, priar PRIMARY I or CONTRIBUTING I **CAUSE OF DEATH** MEDICAL (City or town) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, factory, street, office bldg, etc.) Not While FUNERAL DIRECTOR: Page at work its designated 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my apinian Matural causes X, -Accident Undetermined manner death resulted from: Suicide Hamicide be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral ro FUNERAL Health ar ii 7-30-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** James E .Andrews Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR 25b UNTT FUNERAL HOME, WALDORF, MD. DATE AUG VR ATSME (5) 1966 Charles

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09834 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATES HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Charles o STATE Maryland Charles 40 after death, MARYLAND Deportment b CITY OR TOWN ( f outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN ( f outside corporate imits, write RURAL and give nearest town) write RURAL and give neorest town)
Indian Head Indian Head A STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ate De hours Office along with form Gering Ct. #1 Gerihn Ct. #1 Item 18 Give Poges YES NO X 24 hours ofter death 3. NAME OF Middle 4 DATE Lost Month Yeor DECEASED 7/18/66 Charles Elmer Ryon DEATH 19 (Type or print) WITH SEX 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS NEVER MARRIED ast birthdov) WIDOWED DIVORCED Feb. 14.1911 white event male TOO USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working te, even if retired)
Painter COUNTRY? Washington, D.C.
14. MOTHER'S MAIDEN NAME ony Govt. U.S.A 13. FATHER'S NAME This certificate should be executed within pencil = Elmer Ryon Cecelia Ξ IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO or removol, (Yes, no, or unknown) (If yes over war or dotes of service) 579-14-5522 Mrs. Mollie Ryon, Indian Head. Md CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).) S (A.SED BY Arteriosclerotic cardiovascular disease buriol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY e, writing the ward forwarded to the Ch burial, cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse 50 last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES EX NO please execute the certificate, 20o EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 18 (City or fown) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (County) (Stote) foctory street, office bldg , etc.) Not While FUNERAL DIRECTOR: Poge of work at work designated 21. I certify that I tack charge of the remains described above, he d an Autopsy [X], Inspection . Inquiry [ and in my opinion Suicide [ the funeral director. Natural causes death resulted fram: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 5 moy be reta
TO FUNERAL DII
Health or its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7/19/66 DEPUTY MEDICAL EXAMINER Werner U. Spitz, **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify)
Burial Arlington, Va. 7-21-66 Arlington National 2Sb. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Huntt Funeral Home, Waldorf, Md. VR A15ME (5) 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09835 HEALTH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay i. and 3 ta a. COUNTY b. COUNTY Prince: George Maryland 5 CHARLES death. Department b. CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf after Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Office alang with farm Acton Lane Item 18. Give Pages ate YES NO 3. NAME OF Middle First 4. DATE e St 72 Last Month Day DECEASED the within THOMPSON FLOYD July 14 66 (Type or print) DEATH Lemovn S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED B. DATE OF BIRTH NEVER MARRIED birthday) Manths Male White haurs WIDOWED DIVORCEO June 17, 1937 CN event 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? Pennsylvania dny Bricklaver Construction 5 pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Floyd W. Ida Dinch Thompson 1 pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war ar dates at service remayal Floyd W. Thompson, Washington, Pennsylvania IB. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART 1. OEATH WAS CAUSED BY: ONSET AND OFATH Craniocerebral Injury. O. IMMEDIATE CAUSE (a). word certificate shauld crematian, **OUE TO** Conditions, if any, which gove writing the rise to immediate couse (a), DUE TO stating the underlying couse 0 GS O burial, paso PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS) CERTIFICATION PERFORMED? the certificate. YES X NO pe designated agent, prior ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item (B.) 3 should PRIMARY OF CONTRIBUTING **EXAMINER:** Driver of auto into fixed object. CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20f. (City or town) 20e. PLACE OF INJURY (Hame, form, (County) (Stote) factory, street, affice bldg., etc.) While Nat While FUNERAL DIRECTOR: Page 19 66 at wark Waldorf Charles Md. at wark 21. I certify that I took charge of the remains described above, held an Autopsy X ond in my opinion Inspection | Inquiry death resulted fram: Natural causes Agrident oc Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 7/14/66 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. Health NAME (Type) Address (Street, city, town, or county) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify) Washington, Pennsylvania 18 July 1966 Washington Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Burgee Funeral Home 3631 Falls Rd Balto. Md. VR A15ME (5) 1966 Charley

130 Laurin 

a. COUNTY			(Where deceased lived, If institut	
Charles	MARYLAND	Mar wiand	Charles	5
b. CITY OR TOWN (if outside corporate write RURAL-and give nearest town)	limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If D	utside corporate limits, write R	URAL and give nearest town
LaPlata Md	1-Hour	19972 tel	MA/ Grayton, M	d. 08 1
d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENC
Physicians Memoria	al LaPlata Md			ON A FARM?
3. NAME OF BECEASED (Type or print) (Baby)	t Middle Marren	Last	4. DATE Month OF 7-2-66	Day Year
5. SEX   6. COLOR OR RACE   7	. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IFU	NDER 1 YEAR JIF UNDER 24 HR
F. Negro	WIDOWED DIVORCED	7-1-66	last birthday) Mon	ths Days Hours Min
10a, USUAL DCCUPATION (Give kind of work do during most of working life, even if retired) None	ne 10b. KIND OF BUSINESS OR INDUSTRY None		nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	Not that skids
Isiah Warren Jr.		mary ke	TTÀ	
15. WAS DECEASED EVER IN U.S. ARMED FORG (Yes, no, or unknown)   (If yes give war or dates of si		INFORMANT	Address	
NO	None Mo	other-Mary	Warren, Grayto	n.Md.
18. CAUSE OF DEATH [Enter only one	cause per line for (a), (b), and (c).]			I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Birth Trauma			1-Hour
7610 DUE TO				
Conditions, if any, which ) (b	)			
gave rise to immediate (	0			
underlying cause last.				
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING MEDICAL EXAMINE				YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE	R) Birth Trauma	JRRED. (Enter nature of I	njury in Part I or Part II of Ite	m 18.)
	er   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fare	m, 20f. (City or town)	(County) (State)
S 20c. TIME OF INJURY Month, Day, Ye	fants	me atmost affine bld	. 1 1	
20c. TIME OF INJURY Month, Day, Ye Hour a.m.	While - Not While - facto	ory, street, office bldg., etc		
Hour a.m. p.m. 19	While at work at work	iry, street, office bldg., etc		19 that (I) (wie) Is
21. I certify that (I) (this hospit	While Not While at work at work at at at work	7 – 1 – 66 , 19		
	While Not While at work at work at at at work	ry, street, office bldg., etc. $7-1-66$ , 19. t death occurred at $1.2$	to 7-2-66, 12: My from the causes and	on the date stated about.  DATE SIGNED
21. I certify that (I) (this hospit saw the deceased alive on 7	While Not While at work at work at at at work	7-1-66 , 19 t death occurred at 2  ATTENDING MI PHYS. DI	, to 7-2-66 , 12: 3M2 from the causes and	on the date stated above
21. I certify that (I) (this hospit saw the deceased alive on 7	while at work Not While at work at work 19 and that 19 m. And that work 19 m. M.E.	7-1-66 , 19 t death occurred at 1 2  ATTENDING MI DI 22d, ADDRESS	to 7-2-66, to 7-2-66, to 7-2-66, to 7-2-66, the causes and the causes are caused the causes and the causes are caused the causes and the causes are caused the	on the date stated above.  DATE SIGNED
21. I certify that (I) (this hospit saw the deceased alive on 7 22a. SMNATURE  22b. PHYSICIAN'S NAME (Type) ames E. Ar	while at work Not while at work at work 19 at tended the deceased from 19 and that M.C. M.C. M.C. M.C. M.C. M.C. M.C. M.C	7-1-66 , 19 t death occurred at 1 2  ATTENDING MID DI 22d. ADDRESS Indian F	to 7-2-66, 12: My from the causes and 22: RECTOR PHYS. 22: Mead Md.	on the date stated above b. DATE SIGNED 7-2-66
21. I certify that (I) (this hospit saw the deceased alive on 7 22a. STANATURE  22b. PHYSICIAN'S NAME (Type) ames E. Ali 23c. BURIAL CREMATION, 23b. DATE TH REMOVAL (Specify)	while at work Not while at work Not while at work of at	7-1-66 , 19 t death occurred at 12 b. ATTENDING MI PHYS. DI 22d. ADDRESS Indian F	to 7-2-66, 12: My from the causes and 22: My fro	b. DATE SIGNED 7-2-66 or county) (State)
21. I certify that (I) (this hospit saw the deceased alive on 7 22a. SMATURE  22b. PHYSICIAN'S NAME (Type) ames E. Al	while at work Not while at work at work 19 at tended the deceased from 19 and that M.C. M.C. M.C. M.C. M.C. M.C. M.C. M.C	7-1-66 , 19 t death occurred at 12 b. ATTENDING MI PHYS. DI 22d. ADDRESS Indian F	to 7-2-66, 12: My from the causes and 22! ED. STAFF RECTOR PHYS. 22! Head Md.  23d. LOCATION (City, town of the cause) Crayton Char	on the date stated above b. DATE SIGNED 7-2-66 or county) (State)

Sarital daily 3,00 Oct Destu

.lw. this at .out week Eponent gashire!